

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P94000045264

1. Entity Name  
**AMTRACO INC.**

FILED

00 SEP 29 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
P.O. BOX 93-8865  
MARGATE FL 33093-8865  
US

Mailing Address  
PO BOX 93-8865  
MARGATE FL 33093-8865  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0500073**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TICKIN, PETER**  
**5200 TOWN CENTER CIRCLE**  
**SUITE 105**  
**BOCA RATON FL 33468**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**5295 Town Center Road**  
**Third Floor**  
City **Boca Raton** **FL** Zip Code **33486**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/4/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **SD**  
STREET ADDRESS **ZWILLICK, HAROLD**  
CITY-ST-ZIP **PO BOX 93-8865 N/A**  
**MARGATE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**700003422387--8**  
**-10/12/00--01021--007**  
**\*\*\*\*150.00 \*\*\*\*150.00**

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SD ZWILLICK, HAROLD**

Date

Daytime Phone #

9/22/00

954/343225

CR21034 (5/00)

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# AMTRACO INC.

P. O. BOX 93-8865  
MARGATE, FL. 33093-8865  
PHONE: 954/341-3225  
Fax: 954/755-8578

September 28, 2000

DIVISION OF CORPORATIONS  
409 EAST GAINES STREET  
Tallahassee, FL. 32399  
ATTN. : TYRONE

Dear Sir,

This Uniform Business Report is being sent overnight.  
The first one was mailed in January, but apparently lost in the mail.  
Please waive the late fees.  
Thank you for your help with this matter

Sincerely,



Harold Zwillick  
Director  
AMTRACO INC.

cc: